

# HAZARDOUS MATERIALS

## Certification Application Form

### Office of Training and Certification



1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Identification Number: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Phones: Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-Mail: \_\_\_\_\_

#### FOR OFFICIAL USE ONLY

Received: \_\_\_\_\_  
Check Number: \_\_\_\_\_  
PO / Voucher: \_\_\_\_\_  
Problem: Returned: \_\_\_\_\_  
Received: \_\_\_\_\_  
Approved: \_\_\_\_\_

3. Level(s) of Hazardous Materials certification being applied for:

Awareness   Operations      On-Scene Incident Commander

Attach a photocopy of course completion certificates or other documents, which verify that you satisfy the certification requirements identified for Hazardous Materials Awareness, Operations or On-Scene Incident Commander. *One, two or all three certifications may be applied for on one application, provided all documentation for each level and the appropriate fee (\$5.00) for each level certification requested is included.*

Please review the Application Form Instructions on the back of this page.

#### CERTIFICATION REQUIREMENTS—AWARENESS

- A: Certified as Firefighter I by the Division of Fire Safety.  
B: Certificate of Completion of a Hazardous Materials Awareness Course as outlined in 29 CFR 1910.120;  
or:  
Completion of a Firefighter I course as approved by the Division in accordance with N.J.A.C. 5:73C-2.3(g).

#### CERTIFICATION REQUIREMENTS—OPERATIONS

- A. Possess a certification for Hazardous Materials Awareness by the Division in accordance with N.J.A.C. 5:73-6.2;  
B. Certificate of Completion for Hazardous Materials Operations as outlined in 29 CFR 1910.120;

#### CERTIFICATION REQUIREMENTS—ON-SCENE INCIDENT COMMANDER

- A. Possess a certification for Hazardous Materials Operations from Division in accordance with N.J.A.C. 5:73-6.2;  
B. Completion of training and demonstration of competency requirements for On-Scene Incident Commander as outlined in 29 CFR 1910.120;

4. Certification Application Fee: A \$5.00 personal check, money order or purchase order/voucher for each certification level requested, payable to: "Treasurer, State of New Jersey" must be included.

5. I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HAZARDOUS MATERIALS APPLICATION FORM INSTRUCTIONS

**Note: Please type or print clearly on the application form. Certification will not be issued unless all required Documentation is received and validated.**

## Section

1. Enter your Social Security Number (SSN) and six digit identification number. The collection of the SSN is voluntary, and is collected under the authority of N.J.S.A. 52:27D-25d and N.J.A.C. 5:3-1.2. Voluntary provision of your SSN will enable the Division of Fire Safety to provide a second key when processing applications.
2. Provide your name, home address, county where you reside and home and work telephone numbers and e-mail address (if you have one).

Check the appropriate level(s) of IMS certification you are applying for.

### 3. **For Awareness:**

- A. Provide a copy of your Division of Fire Safety Firefighter I Certification.
- B. Provide a copy of your Hazardous Materials Awareness course certificate or Division of Fire Safety Firefighter I Course certificate.

### **For Operations:**

- A. Provide a copy of your Division of Fire Safety Hazardous Materials Awareness Certification.
- B. Provide a copy of your Hazardous Materials Operations course certificate.

### **For On-Scene Incident Commander:**

- A. Provide a copy of your Division of Fire Safety Hazardous Materials Operations Certification.
- B. Provide documentation that you meet the requirements of 29 CFR 1910.120. For Hazardous Materials On-Scene Incident Commander. This documentation should be in the form of a letter from your chief stating that you meet the requirements of 29 CFR 1910.120 for On-Scene Commander, and copies of certificates show completion of training program for at least 24-hours of training as required by 29 CFR 1910.120. Also the letter must include the facts that you are familiar with your department's SOPs, EOP, ERP, decontamination, selection of appropriate PPE, etc.

4. A personal check, money order or voucher/purchase order made out to: "Treasurer, State of New Jersey" in the amount of \$5.00 for each level applied for must accompany the application. Applications will not be processed without proper amount of payment included.
5. The application form must be signed and dated. Please forward the application package, with all documentation to:

Division of Fire Safety  
Hazardous Materials Certification  
PO Box 809  
Trenton NJ 08625-0809

**Note: Questions regarding this certification requirements may be made to (609) 633-6321.**